

MULTIPLE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		DEPENDENT CLAIM CALCULATION SHEET (WITH FORM PTO-875)				SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						09/402726			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	/					55			
6	/					56			
7	/					57			
8	/					58			
9	/					59			
10	/					60			
11	/					61			
12	/					62			
13	/					63			
14	/					64			
15	/					65			
16	/					66			
17	/					67			
18	/					68			
19	/					69			
20	/					70			
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31	/					81			
32	/					82			
33	/					83			
34	/					84			
35	/					85			
36	/					86			
37	/					87			
38	/					88			
39	/					89			
40	/					90			
41	/					91			
42	/					92			
43	/					93			
44	/					94			
45	/					95			
46	/					96			
47	/					97			
48	/					98			
49	/					99			
50	/					100			
TOTAL IND.	1	0				TOTAL IND.			
TOTAL DEP.	17	13				TOTAL DEP.			
TOTAL CLAIMS	18	13				TOTAL CLAIMS			